



## SUPPLEMENTAL APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application number::	<u>10/537,455</u>
Filing Date::	
Application Type::	371 National Entry
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCER
Attorney Docket Number::	701039-050025
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	

Licensed US Govt. Agency::	National Institutes of Health (NIH)
Contract or Grant Numbers::	R01CA37393
Secrecy Order in Parent App.?::	

#### APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Bruce
Middle Name::	
Family Name::	Zetter
Name Suffix::	
City of Residence::	Wayland
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	41 Grove Street
City of mailing address::	Wayland
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	01778

Applicant Authority Type::	Inventor
Primary Citizenship Country::	<del>US</del> <u>CA</u>
Status::	Full capacity
Given Name::	Lloyd
Middle Name::	
Family Name::	Hutchinson
Name Suffix::	
City of Residence::	<del>Brookline</del> <u>Arlington</u>
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	<del>69 Fuller Street</del> <u>129 Newport St</u>
City of mailing address::	<del>Brookline</del> <u>Arlington</u>
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	<del>02446</del> <u>02447</u>

Applicant Authority Type::	Inventor
Primary Citizenship Country::	<del>CN</del> <u>US</u>
Status::	Full capacity
Given Name::	Lere
Middle Name::	
Family Name::	Bao
Name Suffix::	
City of Residence::	<del>Newton</del> <u>Maynard</u>
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	<del>145 Day Street</del> <u>8 Carriage</u> <u>Lane</u>
City of mailing address::	<del>Newton</del> <u>Maynard</u>
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	<del>02466</del> <u>01754</u>

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number::	50828
Name::	David S. Resnick NIXON PEABODY LLP
Street of mailing address::	100 Summer Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02110-2131
Phone number::	(617) 345-1000, X6057
Fax number::	(617) 345-1300
E-Mail address::	dresnick@nixonpeabody.com

**REPRESENTATIVE INFORMATION**

Representative Customer Number::	50828
-------------------------------------	-------

OR

Representative Designation::	Registration Number::	Representative Name::
Attorney of Record	30,628	Ronald I. Eisenstein
Attorney of Record	34,235	David S. Resnick
Agent	47,150	Nicole L.M. Valtz
Agent	L0207	Leena H. Karttunen
Attorney	30,727	Michael L. Goldman

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US2004/000447	01/09/2004
PCT/US2004/000447	An application claiming the benefit under 35 USC 119(e)	60/438,861	01/09/2003

# FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

## ASSIGNEE INFORMATION

Assignee name::	Children's Medical Center Corporation
Street of mailing address::	55 Shattuck Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02115

Date: \_\_\_\_\_

Respectfully submitted,

David S. Resnick (Reg. No. 34,235)  
NIXON PEABODY LLP  
100 Summer Street  
Boston, MA 02110  
(617) 345-6057